



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Large Entity)					Docket No. 6514-11-RMM	
In Re Application Of: Robert A. Scott et al.						
Application No. 09/836,627	Filing Date 4/17/2001	Examiner Humera N. Sheikh	Customer No. 29668	Group Art Unit 1615	Confirmation No.	
Invention: ENTERIC AND COLONIC DELIVERY USING HPMC CAPSULES						
RECEIVED CENTRAL FAX CENTER FEB 10 2005						
<u>COMMISSIONER FOR PATENTS:</u> This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>9/13/2004</u> above-identified application. <small style="margin-left: 100px;">Date</small> The requested extension is as follows (check time period desired): <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> One month <input checked="" type="checkbox"/> Two months <input type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> from: <u>12/13/2004</u> <small style="margin-left: 40px;">Date</small> </div> <div> until: <u>2/13/2005</u> <small style="margin-left: 40px;">Date</small> </div> </div> <p style="margin-top: 20px;">The fee for the extension of time is \$450 and is to be paid as follows:</p> <div style="margin-left: 20px;"> <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 23-0455 <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 23-0455 <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. </div> <p style="margin-top: 10px;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">  <small style="margin-left: 100px;">Signature</small> Rosemary M. Miano Reg. No. 29,674 Warner-Lambert Company 201 Tabor Road Morris Plains, NJ 07950 Phone 973 385-6243 Fax 973 385-3117 Customer No. 29668 </div> <div style="width: 45%; text-align: right;"> Dated: <u>Feb. 10, 2005</u> </div> </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> CC: </div> <div style="width: 45%; border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">Certificate of Transmission by Facsimile*</p> <p style="font-size: small; margin: 0;">I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703 872-9306)</p> <div style="text-align: center; margin: 10px 0;"> <u>2/10/2005</u> <small>(Date)</small> </div> <div style="text-align: center; margin: 10px 0;">  <small>Signature</small> </div> <div style="text-align: center; margin: 10px 0;"> Christine Avenoso <small>Typed or Printed Name of Person Signing Certificate</small> </div> </div> </div> </div>						